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Catalysts for Quality Community Life

The Professional Child and Family Team Process Facilitator:

The Basics of the Child and Family Team Practice Model

Day One of Four

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DAY ONE SCHEDULE

Introductions

Polarity Exercise with Joan Amuto Family: Traditional Plan Versus Child and Family Team Plan

Learning Objective: understand major differences between traditional service planning and child and family team planning

Child and Family Team Process

Learning Objective: learn history of child and family team process; learn steps of process

Child and Family Team Process/System of Care Values

Learning Objective: can apply child and family team process values to actual practice

Engagement

Learning Objective: acquires engagement skills; can explain child and family team process without jargon; strengthens observation skills

Immediate Crisis Stabilization

Learning Objective: can identify potential areas of crisis that need stabilization; strengthen observational skills

Strengths Needs and Culture Discovery

Learning Objective: learns elements of strengths, needs, and culture discovery; acquires discovery skills; strengthens observational skills

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DAY TWO SCHEDULE

Language and Reframing

Learning Objective: acquire or strengthen reframing skills

Identifying and Engaging Natural Supports

Learning Objective: acquire skills to conduct an interview for the exploration of a family's spiritual life domain; learn ways to maximize natural support membership on the child and family team and about brokers of natural resources in a community

Role of the Child and Family Team Facilitator

Learning Objective: understand the range of activities and roles that are typically associated with the facilitator job function

Child and Family Team Formation

Learning Objective: understanding and practice child and family team formation skills

Child and Family Team Planning

Learning Objectives: can identify family needs and with the family develop long range vision and short term goals to work toward the vision; acquires beginning facilitation skills; can evaluate child and family team plans according to quality indicators

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DAY THREE SCHEDULE

SNCD Debriefing

Learner Objective: will learn a method for the critical review of SNCD and practice this method.

Initial Child and Family Team Meeting Observation

Learner Objective: will strengthen observational skills; can identify effective facilitator interventions.

Crisis Planning

Learner Objective: will learn crisis planning steps and can demonstrate crisis planning skills.

Tracking and Adapting

Learner Objective: will gain understanding of facilitator role in this area; can critique child and family team plan according to tracking standards.

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DAY FOUR SCHEDULE

Safety Planning

Learner Objective: will learn steps of safety planning and can demonstrate implementation in development of initial safety plan for participant youth.

Collaboration

Learner Objective: can identify factors that lead to successful collaboration; will develop action plan for improving collaboration with system partner.

Facilitators and Meeting Management

Learner Objective: will learn basic facilitation skill set and practice redirection skills with challenging team members.

Transition

Learner Objective: will learn criteria for discontinuation of child and family team process facilitation.

New Research on Wraparound Effectiveness

Learner Objective: acquaint training participants with exciting new research on wraparound effectiveness.

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Welcome!

A few things before we get started…

- Please let us know if you have special needs of any kind, e.g., dietary needs or need adaptations to support your individual learning style.
- Participate in the entire training (if you can't, let us know).
- Come back from breaks on time.
- Place all cell phones and pagers to vibrate, so the training process is not interrupted if you receive a call or page.
- Please fill out the daily evaluations. We use your feedback to individualize key aspects of the training.

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3. A participant or their agency decides to do a training for trainers for other sites outside of their area and uses these materials.

Contact Information

You may contact the trainers in more than one way.

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Additional information about Vroon VanDenBerg and CFT process may also be obtained at our website: **http://www.vroonvdb.com**

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Using the Internet for more information about System of Care and CFT Process

There are literally hundreds of websites that have useful information about system of care and the CFT process and lots of links to other interesting sites. We will suggest two here.

http://cecp.air.org This is the website of the Center for Effective Collaboration and Practice. Its mission is to support and promote a national preparedness to foster the development and the adjustment of children with, or at risk of developing serious emotional disturbance. To achieve that goal, the Center is dedicated to a policy of collaboration at federal, state, and local levels that contributes to and facilitates the production, exchange, and use of knowledge about effective practices.

http://www.paperboat.com This is a website developed by John Franz, a leader in the development of CFT practice in the juvenile justice area. The website has articles, links to other useful sites, and much more.

You might also try putting the word "wraparound" into a internet search engine like Google (**http://www.google.com)**. There were 118,000 "hits" in response to a search request for wraparound when we last tried this. Amongst these are wraparound mortgages and porches but also many useful sites relevant to system of care and wraparound practice. Also, you can type in John VanDenBerg or Jim Rast into Google and obtain a variety of information.

Details of this Training

This is a four-day training. It is critical to attend **all** four days. Each training day is scheduled from 9:00 a.m. to 4:00 p.m. Approximately 60 minutes will be dedicated for lunch. Exact ending and lunch times may be adjusted based on the flow of the training and the unique needs to the training participants. It is important that participants arrive on time at the beginning of each training day as well as after lunch to ensure there is enough time to cover all core material that is included in this foundational training.

Why we think this training is so important!

Youth with the most complex needs generally do not achieve universal desired outcomes: success in school, non-involvement in the juvenile justice system, safety, stable residence in their home community, productive careers and satisfying relationships as a result of traditional, categorical services and supports from institutional service systems. For these youth and families, often considered

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"resistance and untreatable", the CFT process has produced hope at the child and family team level and more frequent attainment of the desired outcomes listed above. We think this training will make the tools of the CFT process more widely available to helping persons across the county so they are more effective in supporting the troubled youth and families of their communities.

How this Training was Developed

This training was developed by the Vroon VanDenBerg team. The staff of Vroon VanDenBerg have over 150 years of collective experience working with youth and families with complex needs, implementing community-based service programs, and supporting system-level change at all levels of government in the interest of better serving youth and their families. Members of the VanDenBerg team have done thousands of trainings on Systems of Care and the CFT process, reaching 50 states, Canada, and other countries.

About Individualization!

Each System of Care and the CFT process of each family represents a unique process based on the strengths, culture and needs of the community and the family. Therefore, a "one size fits all" process for System of Care and CFT are not likely to produce desirable outcomes for youth and families with complex needs. During this training, we will be teaching best practice definitions and steps for System of Care and the CFT process. However, each community will have to tailor all of this material so it reflects its own unique strengths, culture and needs.

Learning from each Other

All Vroon VanDenBerg trainings seek to balance direct instruction (lecture) and experiential learning (exercises). We have found that participants learn as much from each other as from us. There will be a number of experiential pairs and small group exercises wherein participants will have opportunities to practice skills of the CFT process. We will challenge each participant to fully engage in both lecture and experiential elements of the training. If your small group gets stuck or wants your trainers to join you for any reason, or is not "jelling", let us know. If exercise instructions are not clear, let us know – very likely, another group is confused as well.

Are you a "Seat-Filler"?

Many of us who work in human services often receive or participate in a great deal of training. Unfortunately, this can lead to application of the new DSM-IV label of

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"Severe Overtraining Syndrome" – which results in the afflicted person filling a seat and not truly participating in this very active training. We hope that you understand that your community, like thousands of communities across North America, is in the process of or has made the decision to institute the CFT process as a core practice model. You will need to know these skills, and our testing shows that this training is effective in providing the active participant with an in-depth orientation to the basics of the CFT practice model. If you move to other work positions in the future, you will find that your participation in this four day training, as documented in your resume, will assist in your qualifications for other work.

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Who we Honor

Our primary recognition goes to the approximately 400,000 families who have participated in the CFT process, and all we have learned from them. In addition, we honor the work of many key individuals in recognition of their contribution to the development of this field:

Karl Dennis
Barbara Huff
Judith Katz-Leavy
Sybil Goldman
Barbara Burns
John Burchard
Mary Grealish
Mel Breed
Dick Sammons
Patricia Miles
John Franz
Neil Brown
Todd Risley
Beth Stroul
Gov.John Engler
Irene Zipper
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Jackie Rummel
Robert Sewell
Richard Clarke
Kelly Hyde
Krista Kutash
Nancy Swartz
Jodi Lubrecht
John McKnight
Manaja Hill
Leslie Schwalbe
Bernie Arens
Sue Smith
Marcia Pinter
Dale Greenwood
All the kids

Richard Donner
Rosie Cooper
John Whitbeck
Dennis Olsen
Gov. Jim Hunt of NC
Naomi Tannen
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Mary Jane England
Connie Dellmuth
Beth Dague
Lucille Eber
Sherry Falvey
Mike Renfro
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Lenore Behar
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Barbara Minton
Bobbie Levrier Ansted
Rusty Clark
Carol Redditt
Gov. Tom Thompson
Sharon Kalenkarian
Timothy Penrod
Robin Trush
Michael Franzak
Ann Ronan
Keith Pirtle
Barbara Friesen
Ora Threadgill
Beverly Smallwood
And dozens of others…

Robert Friedman
Martin Hydaeker
Barbara Kaplan
Bob Klaen
Chris Koyanagi
Bruce Kamradt
Mary Ludtke
David Osher
Dan Pare
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Susan Paulson
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John O'Brien
Jim Wotring
Gov. Steve Cowper
Greg Dalder
Norman Moon
Ellen Kagen
John Eagle
Mary Evans
Ted Tighe
Carol Stieper
Sharon Morrison
Frank Rider
Mel Henry
Deborah Painte
Melva Chavez
Ethleen Iron Cloud Two Dogs
Jane Knitzer
Ron Copeland

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And the following agencies and organizations:

Kaleidoscope
The Youth Advocate Program
The Robert Wood Johnson Foundation
CASSP
The Youth Advocate Program
The Pressley Ridge Schools
Duke University
The University of South Florida
The Mental Health Association
The Stark County Family Council
The Substance Abuse and Mental Health Administration
And dozens of others…

KanFocus
The Alaska Youth Initiative
NIMH
Georgetown University
Portland State University
The University of Vermont
The Federation of Families
NAMI-CAN
Project MATCH

What is a Child and Family Team Facilitator?

There have been many terms to describe the title of the person who makes the CFT process happen for an individual family, including case managers, resource coordinators, wrap coordinators, wrap assistants, system navigators, family support specialists, etc. A CFT facilitator is a person who ensures that the values and steps of the process are delivered with the highest possible fidelity to national best practices as possible, while still allowing for local individualization of the process.

Qualifications. A CFT facilitator should have a broad base of experience with life and possess a diverse view of what families need to have better lives. The ideal facilitator has experience working directly with children and their families in a variety of settings, or living with children who have complex emotional needs. The ideal facilitator is able to work under supervision and collaborate closely with a team of family members and professionals who develop and carry out individualized plans. A preferred facilitator is one who understands and has experience with different systems, including schools, mental health, child welfare, juvenile justice, health, and others.

Child and family team facilitator caseloads and best practice. Typically, if a facilitator is using a high fidelity CFT process as described in this training, a facilitator can facilitate between 8 and 15 families. To manage this number, all families cannot start the process at the same time, as the early weeks with the family are more time consuming. In addition, the facilitator must facilitate and not be a "Turbo Wrap Facilitator" who does all of the work that the child and family team should be doing.

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¤ DVD Example: Characteristics of Effective Facilitators

We will watch this DVD clip in large group. Listen to John and Greg as they discuss the characteristics of effective CFT facilitators (child and family team facilitators in the DVD). We will have a large group discussion about the major points that were covered.

INTRODUCTIONS

Individual and Small Group Exercise: "Getting to Know You" After your trainer gives the signal, take two minutes and consider your strengths vis-à-vis the characteristics of the effective CFT facilitator. Which characteristics do you possess? How do you demonstrate strengths in these areas? What characteristics of the effective facilitator are needs for you? That is to say, you might need support in order to more fully develop in these areas. We will do a "count off" to form into small groups. Go to your assigned small group, introduce your self and your role and take a few minutes to share your strengths and needs in terms of the characteristics of the effective CFT facilitator with your colleagues. We will debrief in large group. (time: 15-20 minutes)

POLARITY EXERCISE The Joan Amuto Family

1. Joan, age 13, lives in a rent-controlled apartment with her mother, Tammy, and her step-father, and no brothers and sisters. She lives in a city of about 100,000 people. Joan receives mental health services under Medicaid. She has a severe emotional disturbance of conduct disorder and major depression. In early 1996, her parents divorced, and her favorite grandmother died. Her mother remarried in late 1996. Her father died of AIDS-related diseases in 1998.

2. Joan is locked into a bitter struggle with her step-father, Sam, who feels like she is deliberately undermining his marriage. Joan is showing many signs of stress, including major depression, anger, and self-injurious behavior (making deep scratches on her skin). Joan was suspended from school last year for attacking the building principal when she tried to restrain Joan from hitting another student who had been teasing her. Joan is now in special education due to her behavior problems, and is in a self-contained classroom.

3. Joan's treatment history includes multiple therapy attempts to address her losses. She has come before her local interagency multi-disciplinary review team several times, once referred by mental health, and twice by the school. Last year, she

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went to a mental health residential treatment center for four months, and was discharged at her mother's request when she spent over a month on a punishment level for refusing to interact with other residents.

4. Joan does not get along with her mother, and calls her names or generally ignores her. Her mother tries to keep her away from her step-father to reduce fighting in the home. The police have been called by the neighbors to the home several times due to loud fighting between Joan and her step-father. Joan's mother feels like she is at the end of her personal patience level, and that Joan may have to be hospitalized or sent away again. Joan refuses to see her therapist. The mental health center has a waiting list for youth who want to work with therapists, but is willing to work with the family and the school.

5. Joan's mother has tried to get Sam to go to therapy but he refuses, saying Joan is the problem. There are clear signs that the marriage is not going to last much longer, and Tammy feels like she is going to have to choose between Joan and Sam. Meanwhile, Joan is getting into increasing trouble with other youth in the neighborhood, and the family is at risk of getting kicked out of their apartment. Due to rent control, and a tight rental market, getting kicked out of the apartment will have a severe effect on the family budget.

6. The local school teacher has reported that Joan is not appropriate for her classroom and wants Joan placed in a residential treatment center to be treated so she will not be aggressive to others. She estimates this will take at least a year. The school principal has contacted the mental health center to have this arranged.

7. The local child welfare office has received several calls from the school and local law enforcement. Complaints of neglect have been filed based on Joan being out after curfew and getting into trouble. No complaints have been substantiated to this point, but the child welfare supervisor is feeling pressure to file a dependency petition. The local mental health center has offered therapy service but Joan and Sam have missed many sessions and the center reports they "can not afford" all these non-paid session times.

Large Group Exercise: Developing a Traditional Non-Child and Family Team Plan

- How typical is Joan's situation based on your experience?
- With 1 being the least complex and 10 the most, what rating of complexity would you give Joan's situation?

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- What is missing from this family's situation that would make the situation more complex?

Using the format **"presenting problem – corresponding solution"**, we will develop a non-CFT service plan that would be typical for Joan and family in your community. Remember --- this is not a CFT plan and should only reflect what is actually currently available to the majority of youth with profiles like Joan's.

What would the predicted results be of this plan according to the scale below?

1. Not good, almost total failure of the plan. Joan would likely fight residential and end up in a psych hospital or be juggled from placement to placement. Sam and Tammy would split up.
2. Joan would stay in the community but might be placed in foster care or in group homes. Sam and Tammy would stay together, but Joan would not have much of a role in the family as Tammy would have chosen her husband over her daughter.
3. Joan would stay at home with problems and school issues but would improve somewhat and begin to move on with her life. Sam would tolerate her in the home, but they would not have much of a relationship.
4. Joan would be at home, quickly stabilize, do well in school, and have a good relationship with Sam. The family would thrive.

THE CHILD AND FAMILY TEAM PROCESS

History of the Child and Family Team Process: The basic hypothesis of this field is that if the needs of a youth and family are met, it is likely that the youth and family will have a good or at least an improved life. This hypothesis has been central to life on the planet for thousands of years, and is certainly not a new concept. However, as the basis for formal efforts to de-categorize services and improve outcomes, the field has been in development for approximately 25 years.

Some of the formative work came out of efforts by John Brown and his colleagues in Canada who operated the Brownsdale programs. These programs centered on the concepts of needs-based, individualized services that were unconditional. These concepts were utilized in designing the Kaleidoscope program in Chicago that began implementing private agency-based individualized services in 1975 under director Karl Dennis.

In 1982, Jane Knitzer in her book, *Unclaimed Children*, found that two-thirds of all children with severe emotional disturbances were not receiving appropriate services. These children were "unclaimed" by the public agencies responsible to

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serve them, and there was little coordination among the various child-serving systems. To address this need, Congress appropriated funds in 1984 for the Child and Adolescent Service System Program (CASSP), envisioned as a comprehensive mental health system of care for children, adolescents and their families. Federal grants supported the development of CFT practice and systems of care across the country. Subsequently, national technical assistance centers at Georgetown University, Portland State University, and the University of South Florida were established to support best practice development, research and evaluation of the CFT process and systems of care.

In 1985, officials of the State of Alaska social services, mental health, and education departments sought consultation from Kaleidoscope, and formed the Alaska Youth Initiative, managed by John VanDenBerg. This effort was successful in returning to Alaska almost all youth with complex needs who were placed in out-of-state institutions. The Alaska efforts were quickly followed by replication attempts in Washington, Vermont, and in more than 30 other states.

System of care and CFT practice development from the same philosophical base as the Kaleidoscope programs includes the work of Naomi Tannen in New York and Vermont. She has been instrumental in promoting a flexible, needs-based approach. In Canada, Ontario has been the leader in establishing the CFT process.

Developments parallel to the CFT process have been occurring simultaneously in other fields. The work of John O'Brien and colleagues in the field of developmental disabilities has led to enormous system improvements through development of needs-based, individualized services in communities. The work of John McKnight and his colleagues on restructuring communities to support individuals with complex needs has been vital to the field. International progress in the field of police reform has led to community policing projects where the role of the officer is similarly tailored to the needs of the local community. State of the art practice in social work and mental health are evolving along parallel lines.

The field is growing very rapidly. John VanDenBerg's best estimate for the number of North American youth and families who are being served under the CFT process as of January, 2003, is in excess of 400,000.

Overview of the Child and Family Team Process and Steps: The CFT process is a way to improve the lives of children and youth with complex needs and their families. It is not a program or a type of service. The process is used by communities to support children and youth with complex needs and their families by developing individualized plans of care. The key characteristics of the process are that the plan

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is developed by a family centered team, is individualized based on the strengths and culture of the youth and their family, and is needs rather than services driven.

The actual individualized plan is developed by a CFT, who consist of the four to eight people who care and know the youth and family best, including the youth and family. The team is selected by the youth and family and typically has no more than half professionals, and would often include other youth. The individualized plan is child centered and family focused with maximum family involvement, with variation depending on the needs of the youth and family. The process focuses on strengthening the natural family, extended family and social supports for the youth by involving them in the planning and implementation process. The youth and family are integral parts of the team and must have ownership of the plan. No planning sessions occur without the presence of the youth and family.

The plan is based on the unique strengths, needs, values, norms, preferences, and culture of the youth, family, and community. No interventions are allowed in the plan unless they have matching youth, family, and community strengths. By building on these strengths, the plan supports who the youth is and how the youth will positively progress in life. The plan is focused on typical needs in life domain areas that all persons (of like age, sex, culture) have. These life domains are: independence, family, living situation, financial, educational/vocational, social/recreational, behavioral/emotional, psychological, health, legal, cultural, safety, and others.

All services and supports must be culturally competent. That is to say, services and supports must be tailored to the unique culture of the youth and family. Family culture refers to family race and ethnicity as well as family habits, preferences, beliefs, language, rituals, dress, and rules at the "one family at a time level".

The youth and family team and agency staff who provide services and supports must make a commitment to persistence in delivery of services and supports. When things do not go well, the youth and family are not "kicked out", but rather, the individualized services and supports are changed.

Services and supports are community-based. When residential treatment or hospitalization is accessed, these service modalities are to be used as stabilization resources and not as placements that operate outside of the plan produced by the youth and family team. Planning, services, and supports cut across traditional agency boundaries through multi-agency involvement and funding. Governments at regional and local levels work together with providers to improve services. Outcome measures are identified and individual CFT plans are frequently evaluated.

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Summary of the Steps of the Child and Family Team Process:

Step 1	Engagement
Step 2	Immediate Crisis Stabilization
Step 3	Strengths, Needs and Culture Discovery
Step 4	Child and Family Team Formation
Step 5	Developing the CFT Plan
Step 6	Crisis Planning
Step 7	Tracking and Adapting (the CFT Plan)
Step 8	Transition (Out of the CFT Process)

POLARITY EXERCISE CONTINUED

Joan Amuto Family Strengths, Needs and Culture Discovery

1. Joan is interested in all types of music. She does not play an instrument but loves Ricky Martin-type Latino music for the beat and energy. She has an excellent voice and would like to be a singer like Christina Aguillera. Joan had a close personal friend in sixth grade who lived in the apartment complex. She has since moved to another state. Joan liked her because she was quiet, liked similar music, and liked the same junk-food (Little Debbies). Joan got a good grade in an English course in fifth grade. She likes poetry and stories. Joan is a competent writer and enjoys self-expression, but never mentions her personal losses in her writing or art.

2. Tammy took care of her former husband through many years of medical problems related to his being HIV positive. By all accounts, he was very difficult to care for. She left him after he began a relationship with another woman. Tammy comes from a large extended family. They live in the area. She has a brother who has always gotten along well with Joan and who was Tammy's protector when she was young. Her brother has a young teen daughter who sometimes hangs out at Tammy's house when things are quiet.

3. Tammy knows how to make people laugh. Even Joan says she is funny. Tammy frequently jumps into the middle of fights between Joan and Sam, but she also instigates family activities. She has read self-help books on parenting and often gets unsolicited advice from her older sisters. She listens to advice from several of her close women friends who live in the area and who have a lot in common with Tammy.

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4. Joan and Tammy get along best when both are very tired and Sam is not around. This is usually on Saturday nights when Sam is at his VFW meetings. Joan and Tammy share a love of music. They often order pizza and listen to music on Saturday night.

5. Sam is a Vietnam vet who has PTSD. He gets support from his VFW buddies who like Tammy and want them to "make it" because almost all of them have had multiple marriages. Sam says be truly loves Tammy but can't stand the fighting and negative vibes from Joan. Sam says that he does not have many fathering skills and that he does not understand teens, especially girls. When asked if he ever has fun with Joan, he mentioned that they were shopping once and ran into a lively street band and stayed to listen to it. Joan had laughed at him and rolled her eyes when he started to move around and dance a bit.

6. Sam and Tammy enjoy going dancing together. She likes to cook for him and is known as a good cook. She works at a diner as a fry cook. She likes the fast pace of the restaurant. Sam is still on disability related to his PTSD. Sam and Tammy dream of having a place of their own but have never been able to afford a down payment. Joan has her own room decorated with Ricky Martin posters. Her parents do not go in without permission.

7. Tammy would like Joan to go to college rather than get married young like she did. Joan says that school sucks and that she would quit if she could. Tammy has seen a therapist from mental health but did not feel like she was able to talk to her. She is most comfortable talking to friends. Joan liked her favorite grandmother (deceased) because she never told her no and just did things for her.

8. Joan is good with her younger cousins who live in the area. When asked what her favorite memories of her father were, Joan mentioned that he would read to her, and that "Goodnight Moon" was her favorite book when she was a child. Joan has several photos of her dad in her room. Joan has not been on meds for depression but feels strongly that she will not ever take meds for depression because a friend of hers did and was like a zombie.

9. System and Workforce Strengths. The state child welfare system is developing a vision of strengths-based support for youth and is trying to keep kids out of custody. The local supervisor has been to a CFT process training and is skeptical but would like to see it work. She has access to a small source of flexible funds to divert children from public custody. The school principal is a Vietnam veteran and knows Sam. He believes in supporting Vietnam vets when he can. The local behavioral health center has recently had all their case managers trained in the

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CFT process. They have begun to talk about developing a community team to promote intersystem collaboration.

Large Group Discussion:

- How does the Amuto strengths, needs and culture discovery compare to current practice in your agency system?
- Can you imagine the questions the interviewer might have asked to obtain the information in the discovery write-up?
- What do you think the strengths, needs and culture discovery experience as like for Joan and her family?
- Based on the strengths, needs and culture discovery, who do you think would be on the Amuto family's child and family team?
- Why?

Small Group Exercise: Developing a CFT Plan for the Amutos

In large group, we will pick an area of need, discuss a long term vision for the family, and develop a corresponding short term goal. Return to the small group where you participated in the introductions. In small group, develop a list of three to four creative options drawing *from the strengths, needs and culture discovery* that might be incorporated in an initial CFT plan and that are designed to meet the short-term goal. Groups will share their most creative options with the large group. (time: 15-20 minutes)

Post Exercise Issues for Large Group Discussion:

- How does the CFT plan compare to the typical non-CFT plan?
- What is the prognosis for Joan and family if the CFT plan is instituted?
- How does the strength, needs and culture discovery impact the plan?
- What are the barriers to implementation of the CFT process in your community?

CHILD AND FAMILY TEAM PROCESS/ SYSTEM OF CARE VALUES

A system of care refers to how a community comes together to agree on a vision, corresponding structures and practice that will support effective efforts to help children and families with service and support needs. Effective systems of care that make a significant commitment to CFT practice show the following values in the system's structure and practice.

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Value One - Persistent Commitment. When communities make a commitment to help a child or family, they embrace stability and permanence as fundamental rights. To accomplish this they create a system where services and supports are delivered with a corresponding commitment to never give up on the child or family, changing the plan instead of rejecting the child and family from services and supports. Communities recognize that the needs of families can be complex; change is sometimes very difficult to achieve, and commit to a mutual process of extreme persistence in the delivery of services and supports. To accomplish this goal is for every child to live with their family in their community and be included in the normal activities of community life.

Value Two – Child Centered. Services and supports are provided in the best interest of the child to ensure that the child's needs (physical, emotional, educational, spiritual, safety and permanence) are being met. In almost all cases services and supports should maintain and strengthen a relationship between the family of origin and the child. All components of the System of Care recognize the need and value of permanent stable relationships and strive to ensure these for all children and youth.

Value Three - Family-Focused. The child is viewed as a part of the whole family system and services and supports are based on the strengths and needs of the entire family. Children and their families have access to discussions related to their plans, an opportunity to voice their preferences and ultimately feel that they own the plan. Services and supports are designed to improve access, utilization, and satisfaction of families. Children and families have a legitimate say in all aspects of their services and supports.

Value Four - Safety (Child, Family, and Community). Services and supports are developed to best ensure the safety of the child, family, and community. Discussions and plans are based on an assessment of risk to the child, family and the community. Plans are developed to reduce these risks. For children who pose a threat to the community or family, plans reduce at risk behaviors and protect the community and family. For children whose safety is at-risk, plans reduce these risks while protecting the child.

Value Five - Individualized. Plans and supports for children and their families are individualized by child and family teams, and supported through a system of flexible services and supports. “Individualized” services and supports are tailored to the unique culture, strengths, and needs of each child and family, and may involve existing categorical services and natural supports; modifying existing services and supports; and creating new services and supports. Funding sources must be flexible to support individualization.

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Value Six - Strength Based. Services and supports are based on identified strengths of the child/family/community. This means that strengths of the child, family and community are assessed, noted, appreciated, and reflected in the design of interventions and supports.

Value Seven - Family, Youth, and Professional Partnership. Family and youth knowledge of what is needed in systems and what will work for them and other families and youth is sought and utilized. Interactions between professionals and families and youth are conducted in a mutual "no blame – no shame" fashion. Families and youth fully participate in strategic planning for System of Care development. Families are involved in the hiring and evaluation of staff, in the evaluation and planning of the overall System of Care. A wide range of and numbers of families are involved in order to get representative input.

Value Eight - Collaboration and Community Support. Collaboration between agencies, schools, community resources (e.g., service organizations, churches, and businesses) and families is the best way to build effective services and supports for individuals/families with complex needs. Wherever the needs of children and families go beyond what any one entity can provide, agencies, schools, community resources and other families work together to meet these needs. In addition, these entities engage in ongoing strategic planning to improve the System of Care.

Value Nine - Social Networks and Informal Supports. People are supported through community and family social networks and informal community resources. To avoid dependency on systems, services and supports focus on building and strengthening social networks and natural supports of family, friends, and community resources for children and families.

Value Ten - Outcome Based and Cost Responsible. Services and supports are outcome based with clear accountability. Plans for children and families have clear outcomes that guide services and supports to transition and completion. Quantitative and qualitative data on the performance of the staff in the System of Care are the basis for a strengths-based performance evaluation. Integrated outcome information is used as a tool by families, staff, and policy makers to plan and develop systems of care. "Cost-effective" services and supports blend formal and informal resources that are consistently reviewed to ensure responsible financial utilization. "Cost Responsible" means that local communities control the expenditure of funds to best meet the needs of all children and families in their geographical area.

Large Group Discussion: Which of the above system of care and CFT values are reflected in the partial Amuto family CFT plans you developed in small groups?

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CHILD AND FAMILY TEAM PROCESS STEP ONE: ENGAGEMENT

Engagement in the CFT process (or any service or support process) is the crucial first step for process success. Failure to successfully engage a youth and family will ensure a failure of the process.

The most relevant definition of "engagement" from Webster's is: contact by fitting together; "the meshing of gears" [synonyms: mesh, meshing, interlocking]. The gears of a clock function well only in perfect partnership. If they do not fit precisely, the clock will not keep accurate time or will not operate at all. A CFT facilitator's successful engagement with a youth and family also requires precision and great care if there is to be a successful partnership that leads to desired outcomes.

Other helping disciplines use different language to describe the process of engagement with the family. Family therapy refers to the "joining" process. Others refer to the process of "establishing rapport" or "establishing a therapeutic alliance". Despite the varied language, all helping disciplines emphasize the importance of developing trust in the helping relationship. All disciplines also emphasize that effective engagement is based on personal attributes including empathy, genuineness, and warmth.

The engagement process begins with the facilitator's initial communication to the youth and family. Often this initial communication is a phone call. Effective engagement during this phone call is fostered by facilitators who can clearly and briefly explain the CFT process without using system or professional jargon. During the phone call, the facilitator also sets a meeting with the family at a time and place of the family's convenience to continue engagement in-person and encourages as many family members who care to attend this meeting.

The purpose of the initial in-person meeting is to get to know the youth and family. Deep listening is very important in this engagement meeting to the extent the family wishes to share their story. Paperwork should be kept to a minimum. The engagement meeting is a conversation – not an interview. *Careful listening during the engagement meeting will often result in the early identification of primary family needs, their long term vision, and potential short term goals which become the target of the CFT plan.* The facilitator simply makes mental or written notes of needs, long term vision, and short term goals and is careful not to prematurely move to solutions.

The process goals of the engagement meeting is to further the development of trust and for the youth and family to experience deep listening. The facilitator will also

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explain the strengths needs and culture discovery interview meeting. Finally, the facilitator sets a time and location for the strengths needs and culture discovery meeting with the family, and encourages other extended family members and other people who care to participate in the discovery meeting.

For youth and families who have had many negative experiences with helping professionals or non-collaborative systems, the engagement process may be slow and lengthy. Take care not to view this as the "fault" of the youth and / or family, but rather as their unique characteristics. Many weeks of mindful attention to engagement with the youth and family may be required before there is a minimum level of trust established. For many youth and families, the first glance of the CFT process may seem like the "same old, same old."

Once the family begins to understand the CFT process, they often report that this is the first time that professionals have asked them what they need and truly meant it, with the question backed up by resources and staff time. Engagement is an ongoing process not an event. Eventually, the majority of youth and families do engage and become true partners in the CFT process.

It is important to understand that the steps of the CFT process may be done out of written sequence. For example, it is common for a family member to state a long term vision right in the early engagement sessions. The facilitator should record this, and attend to it in the future.

"Being there now" During Engagement and Letting the Relationship Grow. Most CFT facilitators have quite a few tasks on their plate. However, the success of the CFT process is based on a firm foundation of engagement. It is vital that the CFT facilitator see the initial engagement period as setting the tone for the entire eventual CFT process. Therefore, the facilitator must truly focus on the family, listening deeply, and take great care not to jump in with solutions. Family members often cite professional's rushing to create solutions prior to relationship establishment as a major reason for mistrust of the CFT staff. Remember – none of us appreciates strangers who give us unsolicited advice about our bad habits!

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Small Group Exercise: In small groups, appoint a recorder and reporter. Read the following family study about Brandon Smith. As a group, answer the four questions that follow the scenario and complete the engagement exercise. (time: 20 minutes)

The Brandon Smith Family

1. During his first five years of life, Brandon did not receive adequate care and protection while in the care of his natural mother. Later medical evaluation suggested that Brandon suffered from negative developmental effects due to his mother's use of marijuana and cocaine during pregnancy. Brandon's mother continued to use various drugs after Brandon was born and provided inconsistent care as a result. Brandon's mother and father were never married and did not live together after his birth. Brandon's father also has a history of drug abuse and was "in and out" of Brandon's life.

2. Brandon's inconsistent care manifested in difficult behavior beginning at a very young age – he was a fussy baby and rarely slept through the night. Brandon's behaviors became more challenging and more evident to the community when he was a toddler and he entered day care where he showed increasing levels of aggression.

3. Child welfare had received reports of the neglect of Brandon, his younger brother, and half-siblings but did not have sufficient cause to initiate a dependency action until was five years old due to a substantiated report of physical abuse. Authorities also suspected – by could not confirm – that Brandon had been sexually abused.

4. Child welfare approached Brandon's paternal grandparents, Mitch and Ora, shortly after Brandon's removal to determine if they would provide a relative placement for Brandon. Brandon's grandparents had been involved with Brandon and his mother since his birth – especially grandfather, Mitch, who was very close to Brandon. The grandparents agreed to Brandon's placement in their home. Brandon was adopted shortly after placement since the grandparents wanted Brandon to have a permanent and stable home. They were convinced that neither Brandon's mother nor father could provide such stability.

5. Brandon was taken for a mental health evaluation at age six and was diagnosed with ADHD. Stimulant medication was started as well as individual and family therapy. Therapy continued over the next several years but Brandon' behavior continued to be very challenging.

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6. Brandon continued to show significant acting out in day care settings and also in the home. He had severe temper tantrums and destroyed property in the family home. Brandon was kicked out of six day care settings over the next five years. When Brandon was eight years old and had become as serious behavior problem for the classroom teacher, he was evaluated by the school and met criteria for special education supports. Initially, he received resource room support, but as his behavior worsened, he was placed in a self-contained classroom.

7. When Brandon was nine, his grandfather died after a prolonged chronic illness. This was a significant loss for Brandon and Ora. Mitch had been Brandon's primary caretaker since his adoption, as Ora worked full-time. Ora now needed to become Brandon's primary caretaker and support and was ill-prepared to do so. Brandon's behavior became more explosive after his grandfather's death. Ora needed to contact law enforcement on several occasions when Brandon's became out of control.

8. When Brandon was eleven years old, after a particularly explosive incident between Brandon and Ora and a physical confrontation, Brandon was arrested and placed on probation pursuant to domestic violence charges. Several short stays in detention followed when Brandon violated the terms and conditions of his probation.

9. Contributing to the strain on Ora, her 86 year old mother moved into the home from a nursing home for financial reasons.

10. Brandon was placed in a therapeutic foster home with child welfare support when Ora reached the breaking point.

Small group Questions:

- What are the primary needs of the Smith family?
- Discuss an engagement strategy for the family. What can you as facilitator expect?
- Will this family welcome facilitation? What could you do to improve the welcome?
- What are techniques to try with them?

As your group develops engagement strategies, record them on the flip chart. Each group will then share their best thinking on engaging the Smith family with the large group after the exercise ends.

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Introduction to the Vroon VanDenBerg Child and Family Team Process DVDs

In 2003, based on numerous trainee requests, VVDB created a set of DVD's that illustrate the state of the art (as of early 2003) CFT process, centered around the core steps of the process. An actual family was used, using their real names and their actual child and family team members. To protect youth confidentiality, the youth's face is not shown. To create the DVDs, VVDB staff took the family back in time almost two years to the start of their process. The family is an example of successful CFT process, and their long range vision has been achieved. The grandmother is now a facilitator for other families new to the process. One of the strengths of the CFT process is that communities take the basic process and make it their own, modifying language and adding steps. These DVDs were created in Arizona, filmed by a professional film company in Tucson. Arizona uses the term "child and family teams" instead of the term wraparound, which is why you may observe the facilitator and others saying "child and family team process." As you watch the DVDs, think about how your community may enhance or modify the process!

¤ DVD Example: Initial Engagement Meeting

We will watch the DVD clip in large group. Use the Initial Engagement Meeting observation form on the next page to record your observations. Fill out the form while you watch the DVD clip. We will debrief the clip and your observations in small and large group.

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INITIAL ENGAGEMENT MEETING OBSERVATION FORM *Please make notes on this page.*
1. How did Greg educate the family about CFT values and steps?
2. Look for Strengths of the Facilitator: What did Greg do to effectively build trust and future relationships?
3. Changes: What I might have done differently than Greg…
4. Other observations, comments, and questions

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Describing the Child and Family Team Process to Others

One of the important things that Greg (the facilitator in the DVD) did during the clip on engagement was to briefly describe the CFT process steps. This is often referred to as the "Elevator" briefing – one only has about the time one is in an elevator to do a brief orientation to what the process is and what the major steps are.

Common points to include in a brief description include:

- The core values of the CFT process, especially individualization, family culture, strengths-based approach, family voice and choice, and collaboration between systems.
- The core steps of the process:

Step 1	Engagement
Step 2	Immediate Crisis Stabilization
Step 3	Strengths, Needs and Culture Discovery
Step 4	Child and Family Team Formation
Step 5	Developing the Child and Family Team Plan
Step 6	Crisis Planning
Step 7	Tracking and Adapting (the CFT Plan)
Step 8	Transition (Out of the CFT Process)

Triad Exercise: Get into groups of three. Each person should assume one of the following roles: facilitator, prospective CFT process parent and observer. The facilitator's task is to briefly explain the CFT process to the prospective CFT process parent. The parent and the observer should give the facilitator feedback. The parent and the observer should look for the following:

- Is the CFT process explanation clear and jargon free?
- What was most effective? Why?
- What worked less well? Why?

Take turns so each person has an opportunity to be in the facilitator role. (time: 15 minutes)

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CHILD AND FAMILY TEAM PROCESS STEP TWO: IMMEDIATE CRISIS STABILIZATION

As the facilitator gets to know the youth and family during the engagement process, the second task of the facilitator is to stabilize any immediate safety issues or crisis issues. If any member of the family is in great stress or is concerned about personal or family safety, then they can't can enter fully into an important relationship or begin the strengths needs and culture discovery part of the CFT process. Therefore, the facilitator directly asks the family if there are any immediate safety or crisis concerns.

Safety and crisis concerns may take many forms but the two most frequent are concerns about the safety of a child being in a potentially unsafe environment and concerns the child may do something that puts others in jeopardy. If other systems are involved (e.g. child welfare, juvenile justice, or education) they may have already developed a safety plan. Even if they have not, they will want to know about the plan and may want input.

The facilitator is more directive during this stage of the CFT process if there is a significant crisis or safety issue that needs immediate attention. The facilitator should elicit as much information as possible about the nature of the potential crisis and the specific safety concern. The facilitator's role at this juncture is to mobilize all necessary resources to ensure that the safety concern is fully addressed, so the family will stabilize.

Specific steps for crisis and safety planning will be taught later in the training.

Large Group Exercise: After listening to your trainer's comments, we will have a large group discussion about the Smith family situation and try to see if there are any immediate safety issues that need stabilization.

Issues to think about:

- Does anything about the family situation worry you?
- Do you feel any aspect of the Smith family situation should be discussed with your supervisor?
- Is the family already dealing successfully with any of the safety or crisis issues? If so, how?

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¤ DVD Example: Immediate Crisis Stabilization

We will watch this DVD clip in large group and have a brief large group discussion about what Greg did to identify and brainstorm solutions to the potential crisis of violence between Brandon and Ora during a home visit from foster care. We will debrief the video clip in large group.

CHILD AND FAMILY TEAM PROCESS STEP THREE: STRENGTHS, NEEDS AND CULTURE DISCOVERY

Strengths, needs and culture discovery is both an event and an ongoing process. It is an ongoing process in that the CFT facilitator will continue to discover family strengths and important aspects of family culture until the facilitator is no longer working directly with the family. Strengths, needs and culture discovery is an event that is a planned meeting and interview process with the youth and family, and others that know the family well and who care.

There are three overall goals of the strengths, needs, and culture interview:

1. Identify strengths, assets, and resources that may be mobilized to meet family needs for support
2. Learn about and understand the culture of the family, so the eventual CFT plan "looks like" and "feels like" the family, i.e., is culturally competent and therefore more likely to be a plan the youth and family will buy into and participate in.
3. Record youth and family needs. Ask about and establish a long-range vision. Ask about and set short-term goals. Needs are immediate areas of focus that are identified by the youth and family, for example, "I am so tired, I think I need a break from my child."

The strengths, needs and culture discovery is the most important step of the CFT process. A superficial strengths discovery leaves the facilitator and child and family team with deficits and therefore a deficit-based plan. Deficit-based plans have likely already been tried without positive outcomes. A comprehensive strengths, needs and culture discovery will permit the plan to include strength-based options for meeting the needs of the youth and family that reflect the culture of the family. Such a discovery supports a plan that is highly individualized. In other words, the plan is "one of a kind" and is designed to fit the unique needs of the family rather than the approach typical of traditional service systems where a family is offered only available categorical service with little regard for fit.

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The strengths, needs and culture discovery interview generally takes between one and two hours and may be split between multiple meetings, depending on the needs and availability of key family members and other individuals who provide the family with support. The interview is conducted in a safe place of the youth and family's choosing, at a time convenient to the family.

It is useful, whenever possible, to encourage as many family members and other individuals who know the youth and family well to participate in the strengths, needs and culture discovery interview. Extended family members, friends and neighbors, and individuals from the family's faith community may all be potential participants in the discovery process. It is always easier to engage individuals outside the immediate family early in the CFT process rather than later. However, the youth and family have the final say in determining whom to include in the strengths needs and culture discovery interview.

The findings of the strengths needs and culture discovery are recorded in narrative format, usually two typewritten pages in length. The facilitator provides the written discovery to the family for review in a follow-up meeting. Families often have additional strengths they thought of since the interview and would like added to the discovery. Families are also checking the document for accuracy. We recommend that the written discovery be completed within three business days as the richness of the interview is lost if there is a longer delay.

A family strengths, needs and culture interview consists of three parts: the introduction, the interview, and the closing.

The Introduction. During the introduction phase of the culture discovery, the facilitator explains the process of discovery and the rationale for doing this type of interview. It's often useful to say as part of the rationale that all families have <u>both</u> strengths and needs, that previous helping persons have probably concentrated too much on needs (deficits), and therefore, the facilitator's first job is to discover the family's strengths so there is a balanced understanding of the family. Each introduction, however, will need to be tailored to the family being interviewed.

The Interview. During the interview phase of the strengths, needs and culture discovery, the facilitator begins by asking spontaneous questions about the strengths, preferences, culture, habits, traditions, and family rules, etc. Ideally, the interviewer avoids using a canned list of questions. However, new interviewers may find it useful to consult a list of potential questions as they go through the process. The interviewer asks a question, and then follows up the question with other queries based on the answer given.

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The strengths, needs and culture discovery interview requires flexibility and advanced interviewing and engagement skills. For staff with previous experience in interviewing families the process can be rapidly mastered after only a few interviews supported by good coaching. For those with less experience, mastery may require a dozen or more interviews before the subtle aspects of the interviewing process are acquired. For individuals with less interviewing experience, coaching by an experienced CFT facilitator will be especially important as a means of providing ongoing feedback.

Many families will find it difficult at first to focus on their strengths. This may be due to the fact they have been trained by previous helping persons to focus only on their deficits. Gentle redirection is required when the family or others move into deficits. Families eventually get "in the strengths groove" and enjoy discussing aspects of their life and relationships not frequently recognized. Once in a while, despite multiple redirects back to strengths, a family will stay stuck on deficits. In these instances, it is likely that insufficient time in deep listening was spent with the family during engagement. One might say, "You know we were planning to discuss your family's strengths today, but it seems more important that I listen to your concerns now. We can do the strengths discovery another time." After sufficient engagement has been established, the strengths, needs and culture discovery is rescheduled.

Examples of questions commonly asked during strengths, needs and culture discovery interviews:

1. What is your best quality as a parent? What do you like most about your son/daughter?
2. Tell me about how you were raised. Can you give me an example of something you learned from your parents? Are you similar or different as a parent than your parents? In what ways?
3. Does your family celebrate holidays? Which ones? In what way?
4. Tell me about the rules in your family. How do they work?
5. How does your family have fun?
6. Do you have people over to your home frequently? Who were the last three visitors to your home?
7. Describe for me the pace of how your family operates? Very fast? Slower than most? Do you like it that way? Is this similar to how you were raised?
8. How do you relax?
9. (To the youth) What are your favorite things to do? Why do you like them?

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10. I find that most parents have dreams about their kids. What would you like their lives to be like at 21 years old? 40? Do you have a long-range vision for your family?
11. What is your favorite time of the day? Year? Why?
12. Describe your parenting style.
13. Does your family belong to any part of the faith community? What do you enjoy about your faith?
14. Is your family in the same faith?
15. Who do you call when times are tough?
16. When do you have the most enjoyable times with your family?
17. What do you enjoy doing the most with your family?
18. I see from your file you are (Native American; African American; Chinese-American, etc). Could you tell me about how being (Race) has affected you in a positive way?
19. If you could do anything different with your life, what would it be?
20. What or who has been the most influential in your life?
21. Do you have any heroes? Why are they your heroes?
22. Do you have any immediate goals for your family?
23. How are you in a crisis? Could you give an example?
24. *Whichever questions you would like to ask…*

The Closing. During the closing part of the interview, the facilitator thanks the participants, and reminds them that they will be asked to review the written narrative of the discovery after it is compiled. Set a time with the youth and family when they can review the written discovery. Finish the interview by discussing potential child and family team members who might be invited to participate in the next step of the CFT process.

About Family Culture

What is family culture? Webster's defines culture as a particular form of civilization, especially the beliefs, customs, arts, and institutions as a society at a given time. Family culture is the unique way that a family forms itself in terms of rules, roles, habits, activities, beliefs, and other areas. The racial or ethnic culture in which a family lives may strongly influence family culture. Other families are no longer tied to cultural norms of their ethnic or racial group. Every family is different, every family has its own culture. Children and youth with complex needs also form a culture on the street as they hook up with street connections.

What is cultural competence in the area of Family Culture? As helping professionals, we are frequently asked to assist families. Often, because we do not learn the unique culture of a family, our interventions effectively ignore how this family operates. We

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then are sometimes puzzled why the family does not respond to services, or why their buy-in or cooperation is low. Culture is about differences: legitimate, important differences. Cultural competence in the area of family culture occurs when we not only discover what the individual culture of a family is, but we appreciate the cultural differences of the family. You may find that most people are not used to thinking about culture in terms other than race or ethnicity, and that family culture is a new term for them.

Discovering Family Culture

Webster's defines family as a social unit, a "household establishment", and as a group that includes parents and youth.

Culture is defined as "the unique values, ideas, customs, skills, arts, of a family or a people that are transferred, communicated, and passed along". Family culture, then, is the unique way that a family operates and functions, including habits, characteristics, preferences, roles, etc.

Individual Exercise on Culture: Individually, write down a sentence that describes your own family culture. Use the family you grew up in or the family you live with now, which ever you choose. We will ask for volunteers to give examples. (time: 10 minutes)

Large Group Discussion on Culture: From the Smith family background, and the strengths, needs and culture discovery, what statements can be made about their family culture?

Pairs Exercise: Find a partner. Take turns conducting a strength, needs and culture discovery interview with your partner. Use the roadmap on the next page as a guide. We will debrief in large group. (time: 20 minutes)

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A Roadmap for the Strengths, Needs and Culture Discovery

Comprehensive Strengths. The discovery interview should address youth and family strengths, assets and resources in most or all of the following life domains:

Family	Social / Friends	Residence / Neighborhood
Financial	Vocational	Education
Fun	Legal	Medical
Spiritual	Other…	

Family Culture. The facilitator needs to learn about the youth and family's culture. Some examples of family culture follow:

Dress	Language	Habits
Rituals	Rules	Assumptions / Beliefs
Preferences	Ways	

Needs. The discovery identifies the youth and family needs.

Long-Term Vision. The discovery identifies the long-term vision for the family.

Short-Term Goals. The discovery identifies of short-term goals.

Potential Child and Family Team Members. The strengths, needs and culture discovery identifies the individuals who may participate on the child and family team, i.e., the 4 – 8 people who know the youth and family well and who care.

End of Day Exercise: What do you want to learn during the next three days? Looking at the following areas, think about what you would like to learn during the remaining three days of this training. Write your answer on a separate piece of paper and your trainers will review the answers and tailor the training to individual needs, as much as possible. Areas to consider:

- Using the CFT process and providing supportive services to families
- Practice barriers to implementing the CFT process with families
- Mechanics of hiring staff to do the support roles
- Interagency issues
- Barriers with families or family characteristics
- Dynamics of change in your community

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Slide 1

The Professional Child and Family Team Facilitator: The Basics of Child and Family Team Practice

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Slide 2

The System of Care

- How a community takes care of it's own
- Recognizes that child and family needs often don't fit our categorical services models
- Respects each agency's societal mandates
- Is comprised of formal and informal stakeholders
- Success is closely linked to fiscal incentives

2

Slide 3

Primeval Basis of CFT Process

- Human beings typically prefer to live in communities with families and friends of their choosing
- Sometimes, the needs of humans are very complex
- Human beings with complex needs often do better when they have support from other humans
- Due to the unique aspects of human nature, needs and how needs should be met vary from person to person

3

Slide 4

CFT Process

- How we implement the system of care on the child and family levels
- Based on common personal, community and system values
- Has a set of steps that are often considered a model of services, however, it is a process, not a service

4

Slide 5

Values for CFT Process and Systems of Care

- Persistent Commitment
- Child Centered
- Family-Focused
- Safety
- Individualized
- Strength Based
- Family, Youth and Professional Partnership
- Collaboration and Community Support
- Social Networks and Informal Supports
- Outcome Based and Cost Responsible

5

Slide 6

About Values ....

- You have to do them to have them
- Values form the basis for all services
- Each individual agency has their own core values tied to their societal mandates
- Common values exist across systems

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Slide 7

Steps in the CFT Process

Step 1 Engagement
Step 2 Immediate Crisis Stabilization
Step 3 Strengths and Culture Discovery
Step 4 Child and Family Team Formation
Step 5 Developing the CFT Plan
Step 6 Crisis Planning
Step 7 Tracking and Adapting (the CFT Plan)
Step 8 Transition (Out of the CFT Process)

7

Slide 8

The Most Important Words in CFT Planning

- Strengths, culture, preferences, "ways"
- Life domains: Areas of life we all have
- Goals: What it would look like if things were better
- Needs: Why this family has this goal
- Options: How the strengths and culture will be used to meet needs and reach goals
- Crisis and safety planning

8

Slide 9

CFTs

- A non-negotiable of the CFT process: all humans need support
- Comprised of the family and the four to eight persons who know them best, this team develops the plan
- Typically not more than half professionals
- Family chooses team unless custody is involved, then representative of the government shares team selection with family

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Slide 10

Life Domains

- Family
- Friends
- Emotional
- Safety
- Spiritual
- Financial
- Medical
- Legal
- Residence
- Educational
- Fun and other needs

Remember, we all have life domain needs, but we don't have all of the needs at once … prioritize the top one or two needs to start

10

Slide 11

Culture

- Language
- Arts
- Habits
- Learned preferences
- Dress
- Rules
- Beliefs
- Assumptions
- Standards
- Societal expectations
- Roles
- Play

11

Slide 12

Examples of Family Cultural Differences

- One family stresses academic achievement, another family stresses spirituality
- One family stresses duty to the norm, another family stresses personal freedom
- One family teaches family members "you made your bed, lie in it", and another says no matter what you do, you are still in the family

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Slide 13

Family Culture

- Every family has a unique culture
- Family culture is about legitimate differences between families
- Culture is about language, habits, preferences, life
- Race/ethnicity has a big effect on culture
- In the CFT process, we must discover family culture in order to individualize
- Family culture changes over time

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Slide 14

A Culturally Competent CFT Participant ....

- Understands the societal mandates of each agency and appreciates the cultural differences in agencies
- Discovers and appreciates the cultural differences in each family
- Ensures that each CFT plan and implementation is agency and family culturally competent

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WRITTEN EVALUATION FOR VVDB TRAINING		
DAY ONE		
Areas of focus	**Rating (Circle a Number)**	**Comments**
Polarity exercise with Amuto family: traditional vs. CFT plan	Rate how useful this was: 1. Was not useful 2. Already knew, but good reminder. 3. I learned some new things	
Section on values, CFT process history and process steps	Rate how useful this area was to doing your job better: 1. Was not useful 2. May be useful, not sure yet 3. Will likely use this information	
Material on engagement and crisis stabilization and exercises	Rate how useful this was: 1. Was not useful 2. May be useful, not sure yet 3. Will likely use this information	
Material on strengths, needs and culture discovery and exercises	Rate how useful this area was to doing your job better: 1. Was not useful 2. May be useful, not sure yet 3. Will likely use this information	.
The overall pace of the training	1. Too slow 2. About right 3. Too fast	
The overall mix of the information given by your trainers, activities, and video examples	1. Way too much lecture 2. A little too much lecture 3. About right 4. A little too many activities 5. What the heck are we paying you for?	
Any other Comments / Needs / Suggestions?		

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